

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

APPLICANT(S)

FILING DATE

2-29-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	<u>2</u>					
TOTAL DEP.	<u>13</u>	↓	↓	↓	↓	↓
TOTAL CLAIMS	<u>15</u>					

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

PTO-1360 (5-78)